

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | | |
|---|-----------------------------|-------------------|---|-------------------------------|---|
| NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area Card Clubs and thousands of neighbors that oppose the expansion of gaming to Milpitas | | | Date of This Filing 10/13/14 | Date Stamp OCT 13 2014 | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 415/732-7700 | I.D. NUMBER (if applicable) | | Report No. G14-001 | | |
| STREET ADDRESS 450 S Abel St., #360348 | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY Milpitas, CA 95035 | STATE CA | ZIP CODE 95035 | No. of Pages 1 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|---|
| 10/10/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$16,250.00 <input type="checkbox"/> Check if Loan |
| 10/10/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$16,250.00 <input type="checkbox"/> Check if Loan |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan |

*Contributor Codes

| | |
|---|-----------------------------------|
| IND – Individual | PTY – Political Party |
| COM – Recipient Committee (other than PTY or SCC) | SCC – Small Contributor Committee |
| OTH – Other | |

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
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LATE CONTRIBUTION REPORT

NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area Card Clubs and thousands of neighbors that oppose the expansion of gaming to Milpitas

AREA CODE/PHONE NUMBER
415/732-7700

I.D. NUMBER (if applicable)
1372931

STREET ADDRESS
450 S Abel St., #360348

CITY
Milpitas, CA 95035

STATE ZIP CODE
CA 95035

Date of This Filing 10/21/14

Report No. G14-002

☐ Amendment to Report No. (explain below)

No. of Pages 1

Date Stamp

CALIFORNIA FORM 497

For Official Use Only

OCT 21 2014

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Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|---|
| 10/20/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$16,250.00 <input type="checkbox"/> Check if Loan |
| 10/20/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$16,250.00 <input type="checkbox"/> Check if Loan |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan |

*Contributor Codes

IND – Individual

COM – Recipient Committee (other than PTY or SCC)

OTH – Other

PTY – Political Party

SCC – Small Contributor Committee

Reason for Amendment: _____

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

**CALIFORNIA
FORM 460**

Date Stamp

City Clerk's Office

JAN 29 2015

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Page 1 of 10

For Official Use Only

Statement covers period
from 10/19/14
through 12/31/14

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☒ Primarily Formed Ballot Measure Committee
☐ Controlled
☒ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☒ Termination Statement
(Also file a Form 410 Termination)
- ☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1372931

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area Card Clubs and thousands of neighbors that oppose the expansion of gaming to Milpitas

STREET ADDRESS (NO P.O. BOX)

450 S Abel St., #360348 415/732-7700

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas, CA 95035

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

150 Post St., Ste. 405 415/732-7700

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco, CA 94108

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

James R. Sutton

MAILING ADDRESS

150 Post St., Ste. 405 415/732-7700

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco, CA 94108

NAME OF ASSISTANT TREASURER, IF ANY

Jonathan Mintzer

MAILING ADDRESS

150 Post St., Ste. 405 415/732-7700

CITY STATE ZIP CODE AREA CODE/PHONE

San Francisco, CA 94108

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/23/15
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By James R. Sutton
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

Page 2 of 10

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Cardroom License & Tax

BALLOT NO. OR LETTER

JURISDICTION

E

Milpitas

☐ SUPPORT

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|--|
| Statement covers period from 10/19/14 through 12/31/14 | CALIFORNIA FORM 460 Page 3 of 10 I.D. NUMBER 1372931 |
|--|--|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 37,485.82 | \$ 80,000 |
| 2. Loans Received Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 37,485.82 | \$ 80,000 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 37,485.82 | \$ 80,000 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | | |
|----------------------------|------------------|-------------|
| | 1/1 through 6/30 | 7/1 to Date |
| 20. Contributions Received | \$ | \$ |
| 21. Expenditures Made | \$ | \$ |

Expenditures Made

| | | |
|---|--------------|--------------|
| 6. Payments Made Schedule E, Line 4 | \$ 54,985.82 | \$ 69,985.82 |
| 7. Loans Made Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 54,985.82 | \$ 69,985.82 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | -29,119.77 | 0 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0 | 0 |
| 11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 25,866.05 | \$ 69,985.82 |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| ____/____/____ | \$ _____ |
| ____/____/____ | \$ _____ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 17,500.00 |
| 13. Cash Receipts Column A, Line 3 above | 37,485.82 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0 |
| 15. Cash Payments Column A, Line 8 above | 54,985.82 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 0.00 |

If this is a termination statement, Line 16 must be zero.

| | |
|---|------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0 |
|---|------|

Cash Equivalents and Outstanding Debts

| | |
|---|------|
| 18. Cash Equivalents See instructions on reverse | \$ 0 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|--------------------------------|
| Statement covers period from 10/19/14 through 12/31/14 | | CALIFORNIA FORM 460 |
| Page 4 of 10 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

I.D. NUMBER

1372931

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------------|---|--|
| 11/4/14 | California Commerce Club 6131 E. Telegraph Rd. Commerce, CA 90040 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000 | 5,000 | |
| 11/4/14 | The Gardens Casino 21520 Pioneer Blvd. Hawaiian Gardens, CA 90716 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000 | 5,000 | |
| 11/5/14 | The Bicylce Casino 888 Bicylce Casino Drive Bell Gardens, CA 90201 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 5,000 | 5,000 | |
| 10/20/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,250 | 16,250 | |
| 10/20/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,250 | 16,250 | |
| SUBTOTAL \$ | | | | 47,500 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 37,485.82
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 37,485.82

*Contributor Codes

IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | |
|--|----------------------------|
| Statement covers period from 10/19/14 through 12/31/14 | CALIFORNIA FORM 460 |
| | Page 5 of 10 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

I.D. NUMBER
1372931

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|---|---|---|-----------------------------|---|---------------------------------------|
| 12/31/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | -5,007.09 | 11,242.91 | |
| 12/31/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | -5,007.09 | 11,242.91 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,250 | | |
| SUBTOTAL \$ | | | | -10,014.18 | | |

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

(Include all Schedule A subtotals.) \$ _____

2. Amount received this period – unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** _____

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | |
|--|----------------------------|
| Statement covers period from 10/19/14 through 12/31/14 | CALIFORNIA FORM 460 |
| Page 6 of 10 | I.D. NUMBER 1372931 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 San Francisco, CA 94105 | PHO | | 6,947.84 |
| Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 San Francisco, CA 94105 | LIT | | 13,545.54 |
| Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 San Francisco, CA 94105 | LIT | | 27,091.08 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 47,584.46

Schedule E Summary

| | |
|--|---------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 54,985.82 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 54,985.82 |

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 10/19/14 | | |
| through 12/31/14 | | Page 7 of 10 |
| | | I.D. NUMBER 1372931 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | PRO | | 2,028.69 |
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | PRO | | 1,739.58 |
| Sutton Law Firm 150 Post St. San Francisco, CA 94108 | PRO | | 3,633.09 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 7,401.36

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ _____
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ _____**

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|--|-------------------------------|
| Statement covers period from <u>10/19/14</u> through <u>12/31/14</u> | CALIFORNIA FORM 460 |
| Page <u>8</u> of <u>10</u> | I.D. NUMBER <u>1372931</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|---|---------------------------------------|---|--|
| Sutton Law Firm 150 Post St., Ste. 405 San Francisco, CA 94108 | PRO - James Sutton, committee treasurer, is owner of payee. Jonathon Mintzer, committee asst. treasurer, is employee of owner. | 2,028.69 | | 2,028.69 | 0 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 13,545.54 | 0 | 13,545.54 | 0 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 13,545.54 | 0 | 13,545.54 | 0 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ | 29,119.77 \$ | \$ 29,119.77 \$ | 0 |

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 29,119.77
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -29,119.77
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

| | | |
|--|--|----------------------------|
| Statement covers period from 10/19/14 through 12/31/14 | | CALIFORNIA FORM 460 |
| Page 9 of 10 | | |
| I.D. NUMBER 1372931 | | |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| U. S. Post Office 20283 Santa Maria Ave Castro Valley, CA 94546 | POS | | 4,050.00 |
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 13,611.99

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

| | | |
|---|--|-------------------------------|
| Statement covers period from <u>10/19/14</u> | | CALIFORNIA FORM 460 |
| through <u>12/31/14</u> | | |
| Page <u>10</u> of <u>10</u> | | I.D. NUMBER <u>1372931</u> |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| American Directions Group 1350 Connecticut Ave., NW Washington, DC 20036 | PHO | | 906.24 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL * \$ 906.24

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

| | |
|---------------------------|----------------------------|
| Date Stamp OCT 24 2014 | CALIFORNIA FORM 460 |
| Page <u>1</u> of <u>8</u> | For Official Use Only |

| | |
|--|---|
| Statement covers period from <u>1/1/14</u> through <u>10/18/14</u> | Date of election if applicable: (Month, Day, Year) <u>11/4/14</u> |
|--|---|

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee <input type="radio"/> State Candidate Election Committee <input type="radio"/> Recall <i>(Also Complete Part 5)</i> | <input checked="" type="checkbox"/> Primarily Formed Ballot Measure Committee <input type="radio"/> Controlled <input checked="" type="checkbox"/> Sponsored <i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee <input type="radio"/> Sponsored <input type="radio"/> Small Contributor Committee <input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee <i>(Also Complete Part 7)</i> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement <input type="checkbox"/> Semi-annual Statement <input type="checkbox"/> Termination Statement (Also file a Form 410 Termination) <input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement <input type="checkbox"/> Special Odd-Year Report <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
|---|---|

3. Committee InformationI.D. NUMBER
1372931

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Citizens Against Casinos, Crime and Traffic! No on E, a coalition of Bay Area Card Clubs and thousands of neighbors that oppose the expansion of gaming to Milpitas

STREET ADDRESS (NO P.O. BOX)

450 S Abel St., #360348415/732-7700

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Milpitas, CA 95035

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

150 Post St., Ste. 405415/732-7700

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94108

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

James R. Sutton

MAILING ADDRESS

150 Post St., Ste. 405415/732-7700

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94108

NAME OF ASSISTANT TREASURER, IF ANY

Jonathan Mintzer

MAILING ADDRESS

150 Post St., Ste. 405415/732-7700

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Francisco, CA 94108

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/14

Date

By James R. Sutton

Signature of Treasurer or Assistant Treasurer

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____

Date

By _____

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 8

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

Cardroom License & Tax

BALLOT NO. OR LETTER

E

JURISDICTION

Milpitas

☐ SUPPORT

☒ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|----------------------------|
| Statement covers period from 1/1/14 through 10/18/14 | CALIFORNIA FORM 460 |
| | Page 3 of 8 |
| | I.D. NUMBER 1372931 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 32,500.00 | \$ 32,500.00 |
| 2. Loans Received Schedule B, Line 3 | 0 | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 32,500.00 | \$ 32,500.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0 | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 32,500.00 | \$ 32,500.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|-------------------------------|------------------|-------------|
| 20. Contributions Received \$ | | |
| 21. Expenditures Made \$ | | |

Expenditures Made

| | | |
|---|--------------|--------------|
| 6. Payments Made Schedule E, Line 4 | \$ 15,000.00 | \$ 15,000.00 |
| 7. Loans Made Schedule H, Line 3 | 0 | 0 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 15,000.00 | \$ 15,000.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 29,119.77 | 29,119.77 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0 | 0 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 44,119.77 | \$ 44,119.77 |

Expenditure Limit Summary for State Candidates

| | |
|--|---------------|
| 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) | |
| Date of Election (mm/dd/yy) | Total to Date |
| / / | \$ |
| / / | \$ |

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 0 |
| 13. Cash Receipts Column A, Line 3 above | 32,500.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0 |
| 15. Cash Payments Column A, Line 8 above | 15,000.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 17,500.00 |

If this is a termination statement, Line 16 must be zero.

| | |
|---|------|
| 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 | \$ 0 |
|---|------|

Cash Equivalents and Outstanding Debts

| | |
|---|--------------|
| 18. Cash Equivalents See instructions on reverse | \$ 0 |
| 19. Outstanding Debts Add Line 2 + Line 9 in Column B above | \$ 29,119.77 |

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|--|--|--------------------------------|
| Statement covers period from 1/1/14 through 10/18/14 | | CALIFORNIA FORM 460 |
| Page 4 of 8 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

I.D. NUMBER

1372931

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|---|-----------------------------------|---|--|
| 10/10/14 | California Grand Casino 5988 Pacheco Blvd. Pacheco, CA 94553 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,250 | 16,250 | |
| 10/10/14 | Oaks Card Club 4097 San Pablo Ave. Emeryville, CA 94608 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 16,250 | 16,250 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 32,500 | | |

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 32,500
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 0
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 32,500

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|---|--|----------------------------|
| Statement covers period from 1/1/14 through 10/18/14 | | CALIFORNIA FORM 460 |
| | | Page 5 of 8 |
| NAME OF FILER Citizens Against Casinos, Crime and Traffic! No on E | | I.D. NUMBER 1372931 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, e-mail) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Whitehurst/Mosher Campaign Strategy 660 Mission St., Ste. 200 San Francisco, CA 94105 | CNS | | 15,000 |
| | | | |
| | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

| | |
|--|------------------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) | \$ 15,000 |
| 2. Unitemized payments made this period of under \$100 | \$ 0 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$ 0 |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 15,000 |

Schedule F

Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | |
|--|----------------------------|
| Statement covers period from 1/1/14 through 10/18/14 | CALIFORNIA FORM 460 |
| Page 6 of 8 | I.D. NUMBER 1372931 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
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| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|---|---|---|---------------------------------------|---|--|
| Sutton Law Firm 150 Post St., Ste. 405 San Francisco, CA 94108 | PRO - James Sutton, committee treasurer, is owner of payee. Jonathon Mintzer, committee asst. treasurer, is employee of owner. | 0 | 2,028.69 | 0 | 2,028.69 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 0 | 13,545.54 | 0 | 13,545.54 |
| Whitehurst/Mosher Campaign Strategy 660 Mission Street, Suite 200 San Francisco, CA 94105 | LIT - See Schedule G | 0 | 13,545.54 | 0 | 13,545.54 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | SUBTOTALS \$ | \$ | \$ | \$ 29,119.77 |

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 29,119.77
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$** 0
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 29,119.77
May be a negative number

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

| | | |
|--|--|----------------------------|
| Statement covers period from 1/1/14 | | CALIFORNIA FORM 460 |
| through 10/18/14 | | |
| | | Page 7 of 8 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic No on E!

I.D. NUMBER

1372931

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| U. S. Post Office 20283 Santa Maria Ave Castro Valley, CA 94546 | POS | | 4,050.00 |
| Carico Smith Design 155 Sansome Street., Suite 620 San Francisco, CA 94104 | LIT | | 2,530.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 13,611.99

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE G

| | | |
|---|--|----------------------------|
| Statement covers period from <u>1/1/14</u> | | CALIFORNIA FORM 460 |
| through <u>10/18/14</u> | | |
| Page <u>8</u> of <u>8</u> | | I.D. NUMBER |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens Against Casinos, Crime and Traffic! No on E

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Whitehurst/Mosher Campaign Strategy

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|---------|------------------------|-------------|
| Cornerstone Printing 18750 E. Cavendish Drive Castro Valley, CA 94552 | LIT | | 4,501.99 |
| Lisa Hanson 6000 La Salle Ave. Oakland, CA 94611 | LIT | | 750.00 |
| U. S. Post Office 20283 Santa Maria Ave. Castro Valley, CA 94546 | POS | | 4,050.00 |
| Lisa Hanson 6000 La Salle Ave. Oakland, CA 94611 | LIT | | 750.00 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 10,051.99

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)